

1631
CFW
PATENT

Attorney Docket No. 001-1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael D. Doyle

Application No.: 09/916,709

Filed: 07/27/2001

For: METHOD AND SYSTEM FOR THE
MULTIDIMENSIONAL MORPHOLOGICAL
RECONSTRUCTION OF GENOME
EXPRESSION ACTIVITY

Examiner: C. Smith

Art Unit: 1631

AMENDMENT

Commissioner for Patents

Sir:

In response to the Office Action mailed 07/09/2004, please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Conclusion begins on page 6 of this paper.

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

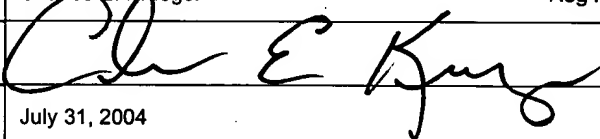
Approved for use through 10/31/2002. OMB 0651-0031

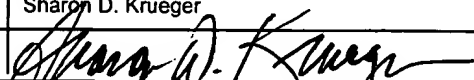
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6150 TRANSMITTAL FORM AUG 05 2004 to be used for all correspondence after initial filing	Application Number	09/916,709	
	Filing Date	07/27/2001	
	First Named Inventor	Michael D. Doyle	
	Group Art Unit	1631	
	Examiner Name	Smith, Carolyn L.	
Total Number of Pages in This Submission	7	Attorney Docket Number	001-1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 502267.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Charles E. Krueger Reg No. 30,077
Signature	
Date	July 31, 2004

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Typed or printed name	Sharon D. Krueger
Signature	 Date July 31, 2004

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